



IMPACT VOCATIONAL OR JOB SKILLS TRAINING FINANCIAL INFORMATION

State Form 48418 (8-97) / IMP 0025

To be completed by the Office of Family and Children

Name of client:

Social Security number:

Training Provider:

Course of study:

To be completed by the Training Provider:

FEES EFFECTIVE FOR (PERIOD):

PROGRAM COSTS	PER SEM / QTR / ____	PER YEAR	TOTAL PROGRAM
APPLICATION FEE			
REGISTRATION FEE			
TUITION			
BOOKS			
OTHER MANDATORY FEES (LIST)			
TOTAL COST			

FINANCIAL AID	PER SEM / QTR / ____	PER YEAR	TOTAL PROGRAM
GRANTS			
SCHOLARSHIPS			
OTHER AID			
TOTAL FINANCIAL AID			
TOTAL BALANCE DUE			

I certify this to be an accurate statement of costs.

Signature of Authorized School Official

Title

Date (month, day, year)